



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
ONE-STOP SHOP INTER-AGENCY TAX CREDIT AND DUTY DRAWBACK CENTER

ENROLLMENT FORM FOR OSS-CENTER CLAIMANTS' CLIENTS
FOR THE USE OF THE VERIFICATION AND BUSINESS INFORMATION LINKAGE SYSTEM
(VERIBILIS)

Reference No. _____

I. COMPANY PROFILE

1. Full Company Name: _____

2. TIN: _____ 3. SEC/DTI Registration No. & Date: _____

4. Office Address: _____

Tel. No/s.: _____ Fax No/s.: _____

5. Plant Address: _____

Tel. No/s.: _____ Fax No/s.: _____

Company Website (if any) _____

6. **Company Officers and Authorized Representative/s:**

a. _____

Name of Company's Highest Executive Officer (*i.e., President, CEO, COO, Gen. Mgr., Owner, Proprietor or equivalent*)

Designation: _____ E-mail address: _____

Contact No.: _____ Fax No.: _____

b. _____

Name of Company's Authorized Representative to Transact with the OSS-Center

Designation: _____ E-mail address: _____

Contact No.: _____ Fax No.: _____

c. _____

Name of Authorized Officer (*i.e. Top Official/s to Department/Division Heads*) to respond to Verification Requests from OSS-CENTER

Designation: _____ E-mail address: _____

Contact No.: _____ Fax No.: _____

II. TRANSACTIONS PROFILE

1. Relationship with OSS-Center claimant/s: (Check all applicable)

- Supplier Knitting Services Bank
 Buyer Dyeing Services

2. OSS-Center Claimant/s who transacting with the Company:

Claimant's Name	Relationship

(Use additional sheet if necessary)

3. **FOR LOCAL BUYERS UNDER THE CONSTRUCTIVE EXPORTS SCHEME**

Products purchased from OSS-CENTER Claimant/s:

Product/s	Unit of measure

(Use additional sheet if necessary)

4. **FOR SUPPLIERS**

Products sold to OSS-CENTER Claimant/s:

Product	Unit of measure

(Use additional sheet if necessary)

5. **FOR SERVICE PROVIDERS**

Services rendered to OSS-CENTER Claimants: _____

6. **AUTHORIZED SIGNATORIES ON VERIFICATION RESULT/S AND OTHER SUPPORTING DOCUMENTS (i.e. Sales/Service/Purchase Invoices)**

6.a **For Local Buyers:**

Name of Company's Authorized Signatory for Sales Invoice

Designation: _____ E-mail address: _____

Contact No.: _____ Fax No.: _____

(Use additional sheet if necessary)

6.a1 _____
Name of Company's Authorized Signatory for Certificate of Delivery & Receipt

Designation: _____ E-mail address: _____

Contact No.: _____ Fax No.: _____
(Use additional sheet if necessary)

6.b **For Suppliers:**

Name of Company's Authorized Signatory for Official Receipts

Designation: _____ E-mail address: _____

Contact No.: _____ Fax No.: _____
(Use additional sheet if necessary)

6.b1 _____
Name of Company's Authorized Signatory for Waiver of Claim

Designation: _____ E-mail address: _____

Contact No.: _____ Fax No.: _____
(Use additional sheet if necessary)

6.c **For Service Providers:**

Name of Authorized Signatory for Official Receipts

Designation: _____ E-mail address: _____

Contact No.: _____ Fax No.: _____

I, _____, authorized representative of _____
hereby attest to the veracity and truthfulness of the above information.

Date

Signature over Printed Name of Authorized
Representative

SUBSCRIBED AND SWORN TO before me this _____ in the City of _____
this _____. Affiant exhibiting to me his/her Community Tax Certificate No.
_____ issued on _____ at _____ and
avowed under the penalty of law the whole truth of the contents of the above document.

Doc. No. : _____
Page No.: _____
Book No.: _____
Series of _____